

**GRANT BASED ON-THE-JOB TRAINING
SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
TO KIDS (CalWORKs) LEGAL IMMIGRANTS -
STATE ONLY**

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

☐ All Families ☐ Two-Parent Families

Payments to Employers (AID CODES 3L and 3M)

TOTAL
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1. Main Payroll
2. Prior Month Positives
3. Prior Month Negatives
4. TOTAL

5. GRAND TOTALS

A. Total Aid Payments (4)	B. State Share (5A x .95)	C. County Share (5A x .05)	D. Countable TANF MOE (5B + 5C)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF THE FORM CA 806

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Check the appropriate All Families or Two-Parent Families box.
4. All amounts on this form must be rounded to the nearest dollar.
5. Line 1 through Line 3: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll).
6. Line 4: Enter the total from Lines 1 through 3.

COMPUTE GRAND TOTALS FOR STATE AND COUNTY SHARES AND COUNTABLE TANF MOE

7. Line 5A: Enter the total payments to employers -- Line 4.
8. Line 5B: Enter the state share -- Multiply 5A by .95.
9. Line 5C: Enter the county share -- Multiply 5A by .05.
10. Line 5D: Enter the countable TANF MOE (state and county shares) -- Add 5B and 5C.